



East Baltimore Branch
2027 E. Monument St.
Baltimore, MD 21287

Homewood Branch
Gilman Hall-Room 47
Charles and 34th Streets
Baltimore, MD 21218

Bayview Branch
5201 Alpha Commons Dr.
Baltimore, MD 21224

410-955-4500
or
1-800-JHFCU-70
(outside the Baltimore Metro Area Only)

Application for a Custodial Account

** Applications must include a photocopy of the custodian's valid government-issued ID, such as a Driver's License, state-issued ID, or Passport.*

New Account

Changes/Additions to Current Account

MINOR INFORMATION

Account Number (leave blank if new account)

Minor's Name (Last, First, Middle Initial)

Minor's Address

Minor's Social Security Number

City, State & Zip

Mother's Maiden Name

CUSTODIAN INFORMATION (All mail will be sent to the custodian's address)

Name

Phone Number

Home Address

City, State & Zip

Mailing Address (if different than home address)

City, State & Zip

Name of Successor Custodian

Phone Number of Successor Custodian

PRIMARY MEMBER

Name

Social Security Number

Relationship of Primary Member to Minor

Minor's Name _____ born _____, under
Minor's Date of Birth _____

the Maryland Uniform Transfers to Minors Act.

You hereby apply for a share account in the Johns Hopkins Federal Credit Union, to be issued under the Provisions of the Maryland Uniform Transfers to Minors Act and subject to the Credit Union's Charter and By-Laws, and to the rules, regulations and laws governing said Credit Union and subscribe for at least one share. This account will be subject to all agreements and disclosures applicable to Your account as provided at account opening or sent within 10 days of account opening. A specimen of Your signature is shown below and the Credit Union is hereby authorized to act without further inquiry in accordance with writings bearing such signature.

By completing this application, I apply for (if I do not already have) all services below which have been designated with an "X" in the boxes (all members automatically receive Share Savings and TeleBranch 24/Internet Branch access).

- | | |
|---|--|
| <input type="checkbox"/> Automated Teller Machine (ATM) Card (issued in custodian's name) | <input type="checkbox"/> Education Savings (3yr. or 5yr.) |
| <input type="checkbox"/> Money Market Acct. (\$10,000 min.) | Circle one |
| <input checked="" type="checkbox"/> Share (Savings) Account (\$25 minimum balance) | <input checked="" type="checkbox"/> TeleBranch 24/Internet Branch (free telephone and PC access) |

All of the above account/services shall be registered according to the information above.

SUBSTITUTE W-9 – CERTIFICATION

Under penalties of perjury, You, as custodian for the minor named herein, certify that:

- The minor's Social Security number shown at the top of this form is the minor's correct taxpayer identification number; and
- The minor is not subject to backup withholding because: (a) the minor is exempt from backup withholding, or (b) the minor has not been notified by the Internal Revenue Service that the minor is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the minor that the minor is no longer subject to backup withholding.

Custodian's Signature _____

Date _____

FOR CREDIT UNION USE ONLY

- | | | |
|--|---|----------------------------|
| <input type="checkbox"/> Disclosure(s) and Rate Sheet Given | <input type="checkbox"/> Schedule of Fees Given | _____ Date |
| <input type="checkbox"/> Disclosures issued at account opening | <input type="checkbox"/> Disclosures mailed | _____ Initials of Employee |

CS _____ Date: _____ Initials: _____ Comments: _____